UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, Ca	FORM B Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: BRENDA J LONES	Daytime Telephone	1	18 MAY 23 PM 2: 06
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	13 th	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS New Officer or Employee Staff File Employing Office:Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	THESE QUESTIONS	NS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did period	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. Di outsi year	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Die single	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	CORRESPONDING SCHEDULE IF YOU NLY THE SCHEDULES THAT YOU ARE	OULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - A	NSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "ent child?	excepted trusts" need not be disclosed. H	lave you excluded Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spou ittee on Ethics.	of a spouse or dependent child because they meet all three tests for	et all three tests for Yes No X

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

Indicate	Your	Status:
(Select C	ne)	

Dear Madam Clerk:

Over \$5	
Exceed	
Withdrav of Candid	1
	Name (Please Print or Type): BRENDA JONES State: MICHIGAN District: 13

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

Last Updated 10/2014